

## **Charter**

### **Department of Veterans Affairs/ Department of Defense Health Executive Council Evidence Based Practice Guidelines Work Group**

**Charge:** The Evidence Based Practice Guidelines Work Group (WG) will actively collaborate to advise the Department of Veterans Affairs/ Department of Defense (VA/DoD) Health Executive Council on the use of clinical and epidemiological evidence to improve the health of the population across the Veterans Health Administration (VHA) and the Military Health System.

#### **Scope of Responsibilities:**

- Participate in the VA/DoD Joint Strategic Planning (JSP) process to develop and implement the strategies and performance measures as outlined in the JSP guidance.
- Operate in accordance with guidelines established by the VA/DoD Joint Executive Council (JEC) and VA/DoD Health Executive Council (HEC).
- Complete assignments received from the HEC.
- Increase communication regarding functional area between the Departments.
- Identify and assess further opportunities for improving the adoption of evidence-based clinical practices through the coordination and sharing of health related services and resources between the Departments.
- Facilitate on-going implementation of evidence-based clinical advances into practice.
- Champion the integration of evidence-based clinical practice into current developing information systems.
- Foster integration of evidence-based practice into VA/DoD initiatives related to health promotion, disease prevention, and wellness initiatives.
- Adopt or adapt, develop, implement, and sustain evidence-based clinical practice guidelines.
- Assess the effectiveness of implementation and make recommendations to maximize performance improvement.

- Identify opportunities and make recommendations for research related to evidence-based practice within VA/DoD.
- The role of the WG is limited to making recommendations. The WG will not direct actions, oversee functions, create policies or make Department decisions.

#### **Structure:**

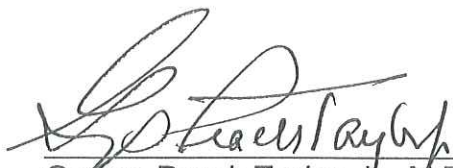
- **Chairmanship:** The DoD co-chair will be Chief, Quality Management Division, US Army Medical Command. The VHA co-chair will be Chief Quality and Performance Officer.
- **Membership:** Co-chairs will utilize Departmental processes to seek nominees for representative membership. DoD membership will include representatives from the Army, Navy, and Air Force. Membership lists will be provided to the HEC support offices on an annual basis or upon request.
- **Subgroups:** The WG may establish ad hoc sub-groups or committees for specific tasks/projects. The sub-groups or committees shall include at least one representative from each Department. All work of the sub-group will be reported with the regular reporting of the main group or as a separate report when requested.

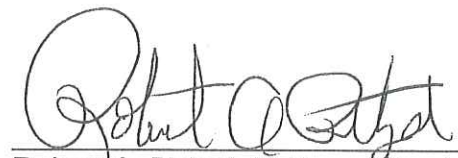
#### **Procedural Guidelines:**

- **Meetings:** The WG will meet no less than quarterly to discuss progress of JSP initiatives and milestones; required HEC briefings; current or new legislation requirements delegated to the WG; and other topics as appropriate. Meeting minutes or formalized notes are provided to VA and DoD HEC coordinators and/or posted to the DoD Health Affairs/ TRICARE Management Activity eRoom.
- **Duration:** Clinical and epidemiological evidence continually evolves, making the codification of such knowledge for clinical practitioners an ongoing process. Accordingly, the WG will continue its mission until such time as the HEC/JEC decides to disband or reconstitute the group.
- **Review of Charter:** The WG will submit recommended changes to this Charter when necessary. The HEC support staff in conjunction with the WG co-chairs will review the charter every two years. All Charter changes with accompanying justification will be submitted to the HEC for approval.
- **Coordination:** The WG will coordinate with other work groups or joint entities as needed.

## Reporting:

- All WG deliverables must be in the form of a recommendation to the HEC.
- Provide reports, informational or decisional briefings to the HEC when requested. Provide JSP updates for each HEC meeting unless the JSP initiatives are provided as part of a requested HEC brief. The WG activities and reporting are not limited to the initiatives outlined in the JSP.
- Provide inclusive input on fiscal year achievements to the VA/DoD Annual Report to Congress.

  
George Peach Taylor, Jr., M.D. 10/29/10 (date)  
Deputy Assistant Secretary of Defense  
(Force Health Protection and Readiness)  
Performing the Duties of the  
Assistant Secretary of Defense  
(Health Affairs)

  
Robert A. Petzel, M.D. (date)  
Under Secretary for Health  
Veterans Health Administration

Attachment A

**Department of Veterans Affairs / Department of Defense Health Executive Council  
VA/DoD Evidence Practice Work Group Membership\***

**Department of Veterans Affairs Members**

- Co-Chair: VHA Chief, Quality and Performance Officer
- VHA Patient Care Services Representative
- VHA Pharmacy Benefits Management Program Representative
- VHA Informatics Representative
- VHA Director, Evidence-based Clinical Practice Guidelines Program
- VHA Employee Education System Representative
- VHA Health Services Research and Development Representative
- VHA Chief Consultant, Preventative Medicine, Patient Care Services
- VHA Veterans Integrated Services Network (VISN) Representative

**Department of Defense Members**

- Co-Chair: Chief, Quality Management Division, U.S. Army Medical Command
- U.S. Army Medical Command Representative
- U.S. Navy Representative, Bureau of Medicine and Surgery (BUMED)
- U.S. Air Force Medical Department Representative
- DoD Pharmacoeconomic Center Representative
- DoD Medical Informatics Representative
- DoD Health Affairs/TRICARE Management Activity Representative – one (1) Position
- Chief, Evidence-Based Practice, U.S. Army Medical Command
- U.S. Army Public Health Command, Provisional

\*Membership is subject to the requirements of the WG.

End Attachment A